PRINTED: 11/09/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G031	A. BUILDING _____ B. WING _____	R 10/25/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C M S	4314 9TH STREET NW WASHINGTON, DC 20011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
I 000	INITIAL COMMENTS A follow-up to the initial survey which was completed on 9/14/2007 was conducted on 10/25/2007 after the facility submitted a Plan of Correction which alleged compliance. Observation, staff and interview and a review of the facility ' s presented plans of correction revealed the provider failed to enact and enforce the necessary measures required to abate the deficiency cited in 3504.1 as presented below.	I 000		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The finding includes: During the environmental inspection conducted on 10/25/2007 at 1:35 PM, the following observations were made: The facility was previously cited for excessive " dust " on the large ventilation vent located in the ceiling on the third floor. Further inspection revealed that a powdery dark substance was observed in other areas of the ceiling on the third floor where there were no evidence of any heating/cooling vents. Near those growths, there was evidence of repeated water damage. For example: 1. The east bedroom on the third floor has a small area in the corner of the ceiling near the A/C unit that appears to have the " dark powdery	I 090	1) The bedroom walls were inspected for mold. There was no mold found. The bedroom	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Constance A. Reese TITLE Program Director (X6) DATE 11-16-07

TATE FORM 6899 IUY512 If continuation sheet 1 of 3

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I 090	Continued From page 1 " substance growing from inside the wall. Near that area and in other placed around the room, there appears to be evidence of repeated water damage. Part of the ceiling is caving in from moisture and in other parts the warped wall was painted over and not smoothed out. 2. In the main hallway, the light fixture in the ceiling has the same " dark powdery " substance permeating from around its metal base. The light fixture is approximately three feet away from the large ventilation vent in the ceiling. 3. The edge around the opening in the ceiling in the storage room on the second floor was also covered with this " dark powdery " substance. The edges of the ceiling around that room also showed signs of water damage. 4. The hall closet across from the large ceiling vent shows signs of excessive and repeated water damage. The ceiling and walls are discolored and the paint is bubbling away from the walls. 5. The west bedroom near the bathroom on the third floor also shows signs of water damage. The edge of the ceilings and walls appear warped and uneven. The facility ' s maintenance crew was interviewed at 3:25pm and they revealed the roof had a history of leaking and it was repaired last year. The exact date was not ascertained, but the evidence of the water damage was evident. There was no evidence on file or presented at the time of survey to substantiate that the " dark powdery " substance had been assessed and ruled out as being mold and was indeed just dust	I 090	walls will be cleaned and painted. The warped wall will be repaired and paneled. In the future the walls will be inspected monthly for dust build-up and water damage. 2)The light fixture area will be cleaned for dust and painted. 3)The ceiling in the storage room on the 3rd floor will be repaired and painted. 4) The hall closet ceiling and walls will be repaired and painted. 5) The ceiling and walls in the 3rd fl. west bedroom will be repaired and paneled. The facility will be inspected monthly to check for water damage and dust build-up.	11/30/07 11/30/07 11/30/07 11/30/07 11/30/07

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I 090	Continued From page 2 from the ventilation system. Note: A second assessment of the areas in question was conducted on the afternoon of 10/30/2007 and photographs were taken.	I 090		

30/07

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CMS	4314 9TH STREET NW WASHINGTON, DC 20011

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W 000	INITIAL COMMENTS A follow-up to the initial survey which was completed on 9/14/2007 was conducted on 10/25/2007 after the facility submitted a Plan of Correction which alleged compliance. Observation, staff and interview and a review of the facility ' s presented plans of correction revealed the provider failed to enact and enforce the necessary measures required to abate the deficiency cited in W225 as presented below.	W 000		
W 225	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that clients received comprehensive vocational assessments as indicated, for two of the four clients in the sample. [Clients #3] The finding includes: The facility ' s Qualified Mental Retardation Professional (QMRP) presented a copy of the Vocation Assessment which was completed by Client #3 ' s day program on 9/17/2007. During the review of this document, the QMRP was interviewed at 1:27pm and she revealed that Client #3 was not slotted for any employment due to her inability to achieve the tasks of her vocational training. She further added that Client #3 was not willing to work, but did have the " desire to earn money. " There was no evidence on file or presented at the time of the revisit to substantiate that the client ' s desires and skill sets were evaluated to ensure that she could	W 225	Client #3 will earn a stipend of $5.00 a day based on attendance and participation at her day program.	11/30/07

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Constance A. Reese — TITLE: Program Director — (X6) DATE: 11-16-07

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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W 225	Continued From page 1 achieve her dream of " earning money. " There was no clear direction on what the day program had in planning to address this need.	W 225		